Chronic Disease Indicators: Indicator Definition

Fair or poor health among adults aged >=18 years with arthritis

Category:	Arthritis
Demographic Group:	Resident persons aged >=18 years.
Numerator:	Respondents aged >=18 years who report doctor-diagnosed arthritis and who report that their health is fair or poor.
Denominator:	Respondents aged >=18 years who report doctor-diagnosed arthritis (excluding unknowns and refusals).
Measures of Frequency:	Annual prevalence with 95% confidence interval.
Time Period of Case Definition:	Current.
Background:	There are about 46 million adults with doctor-diagnosed arthritis and 18.9 million have arthritis-attributable activity limitation*. In 2003 arthritis cost an estimated $127 billion (direct medical and indirect costs)**.
Significance :	Monitoring health-related quality of life among adults with arthritis is important because people with arthritis report worse health related quality of life than adults without arthritis. Self-management education can help improve physical function and quality of life among adults with arthritis. As self-management education becomes more widespread in states, this measure can help track improvements in quality of life of people with arthritis.
Limitations of Indicator:	Doctor-diagnosed arthritis is self-reported in BRFSS and was not confirmed by a health-care provider or objective monitoring; however, such self-reports have been shown to be acceptable for surveillance purposes***. General health status is also self-reported. Comparisons of tabular data between states should be made with caution because the prevalence estimates are not adjusted for population characteristics (e.g., age) that might explain state-to-state differences. Unadjusted data are presented in this report to provide actual estimates to help in state-level program planning.
Data Resources:	Behavioral Risk Factor Surveillance System (BRFSS). http://www.cdc.gov/arthritis/data_statistics/index.htm
Limitations of Data Resources:	As with all self-reported sample surveys, BRFSS data might be subject to systematic error resulting from noncoverage (e.g., lower telephone coverage among populations of low socioeconomic status, exclusion of people without land lines, persons in the military, or those residing in institutions), nonresponse (e.g., refusal to participate in the survey or to answer specific questions), or measurement (e.g., social desirability or recall bias).
Healthy People 2010 Objectives:	No objective.

* Hootman JM, Helmick CG. Projections of US prevalence of arthritis and associated activity limitations. Arthritis Rheum 2006;54:226--9.
** Yelin E, Cisternas M, Foreman A, Pasta D, Murphy L, Helmick C. National and state medical expenditures and lost earnings attributable to arthritis and other rheumatic conditions—United States, 2003. MMWR 2007;56(1):4–7.
*** Sacks JJ, Harrold LR, Helmick CG, Gurwitz JH, Emani S, Yood RA. Validation of a surveillance case definition for arthritis. J Rheumatol 2005;32:340–7